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KANSAS HEALTH POLICY AUTHORITY

Kansas Access to Comprehensive Health

(KATCH)

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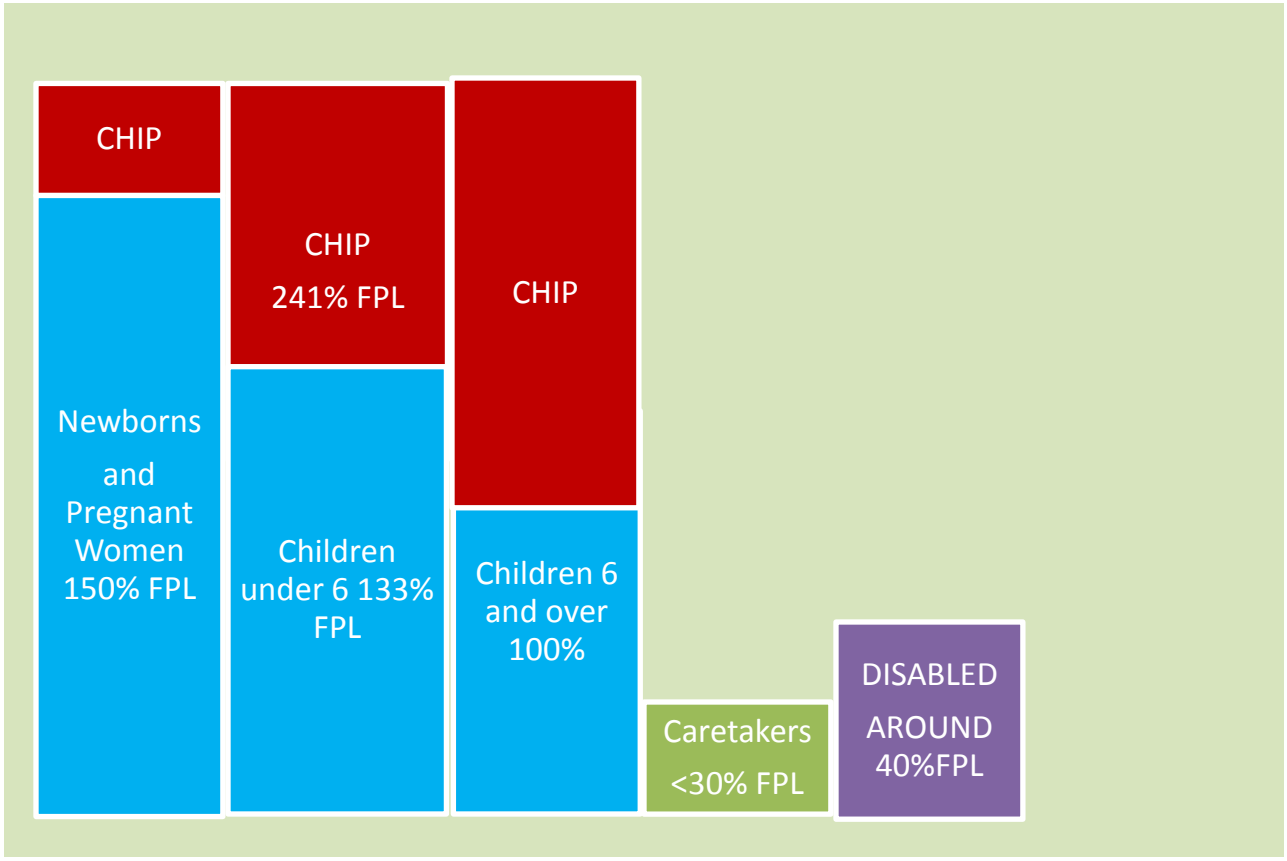
Current Health Care Programs



Health Care Reform

- Increases Medicaid to 133% FPL (138%) for everyone under 65.
- Adds insurance exchange for anyone over 133% with subsidies for those between 133% and 400%.
- Others needing insurance, over 400% can still access exchange.
- Insurance mandated for everyone (with some exceptions).
- Appears to be an overlap between 100% FPL and 133% FPL between Medicaid and exchange where applicant can choose.
- Differing cost sharing limitations based on income.
- CHIP stays in place for a while, then phases out.
- As the bill stands today, complexity is greater not less.

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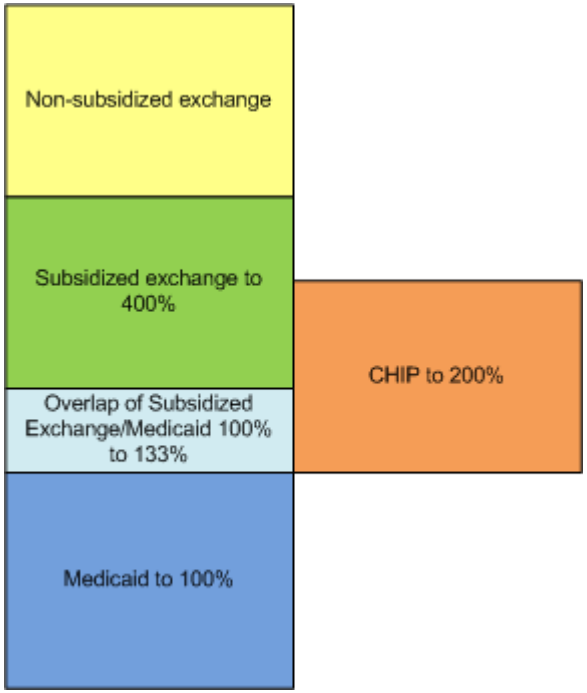
Health Care Reform



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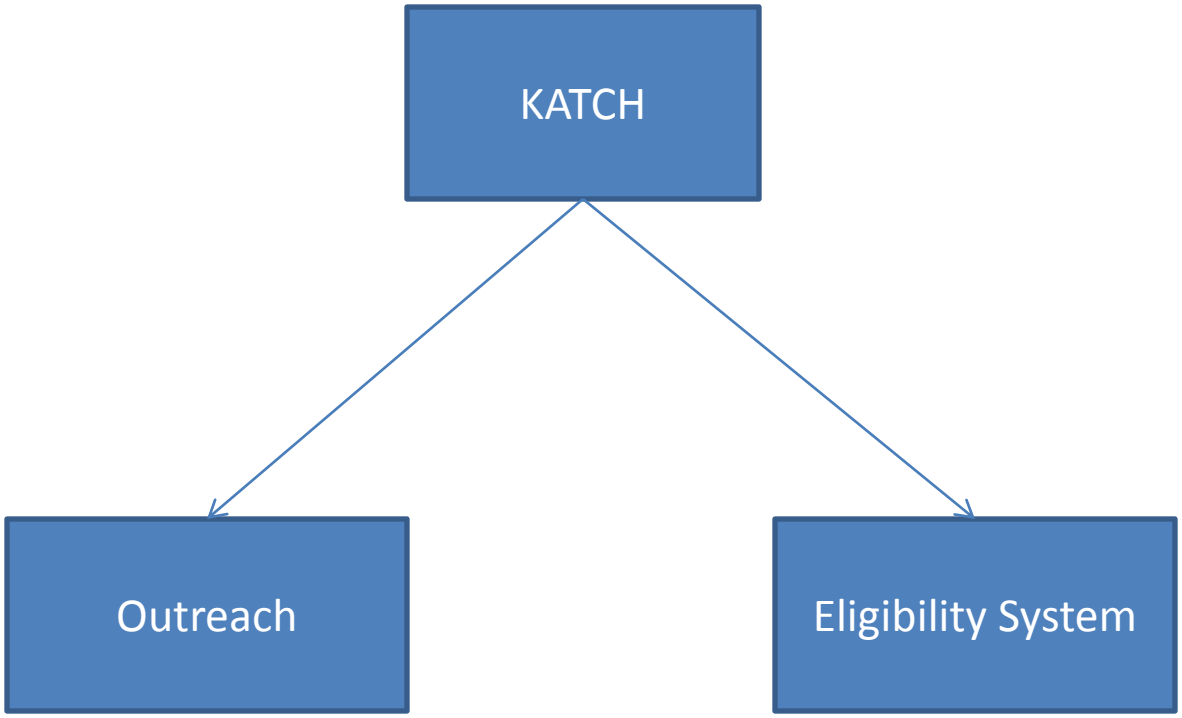

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Outreach

- Four tiers:
  - 12 eligibility workers outstationed primarily in safety net clinics around the state. Will provide staffing, training and equipment
  - Increase presumptive eligibility sites (PE)
  - Leverage community partners with application assistance
  - Place “kiosks” in locations around states to apply

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Changing Needs

Current Model

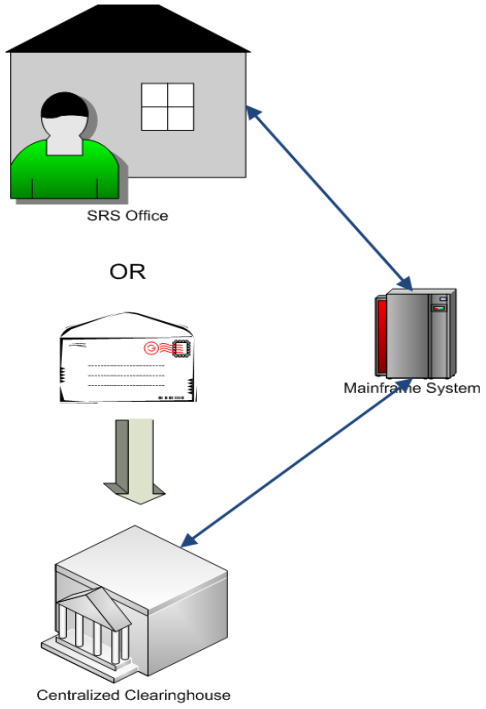

Figure 1

New Model

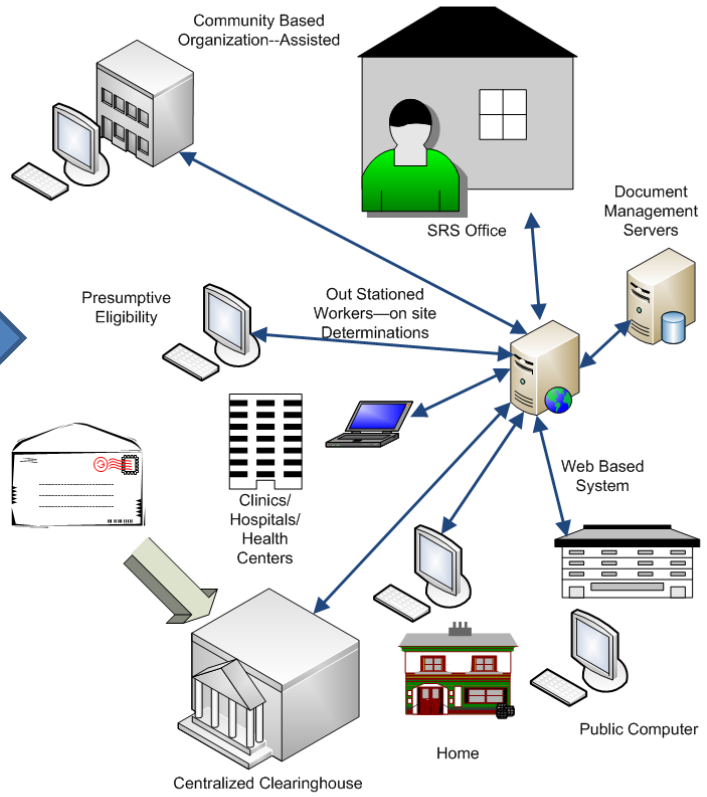

Figure 2

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Eligibility System

- Create online application for medical coverage and PE screening tool for community partners
- Create full eligibility system for Medicaid and CHIP
- Provide base for fully-integrated eligibility determinations for subsidies that participants in insurance exchanges will receive under health reform
- Provide platform from which other agencies can build to administer and coordinate means-tested programs, e.g., cash assistance, food stamps, etc.
- Provide platform that can be used as a building block for the future MMIS, scheduled to be re-procured in 2015.

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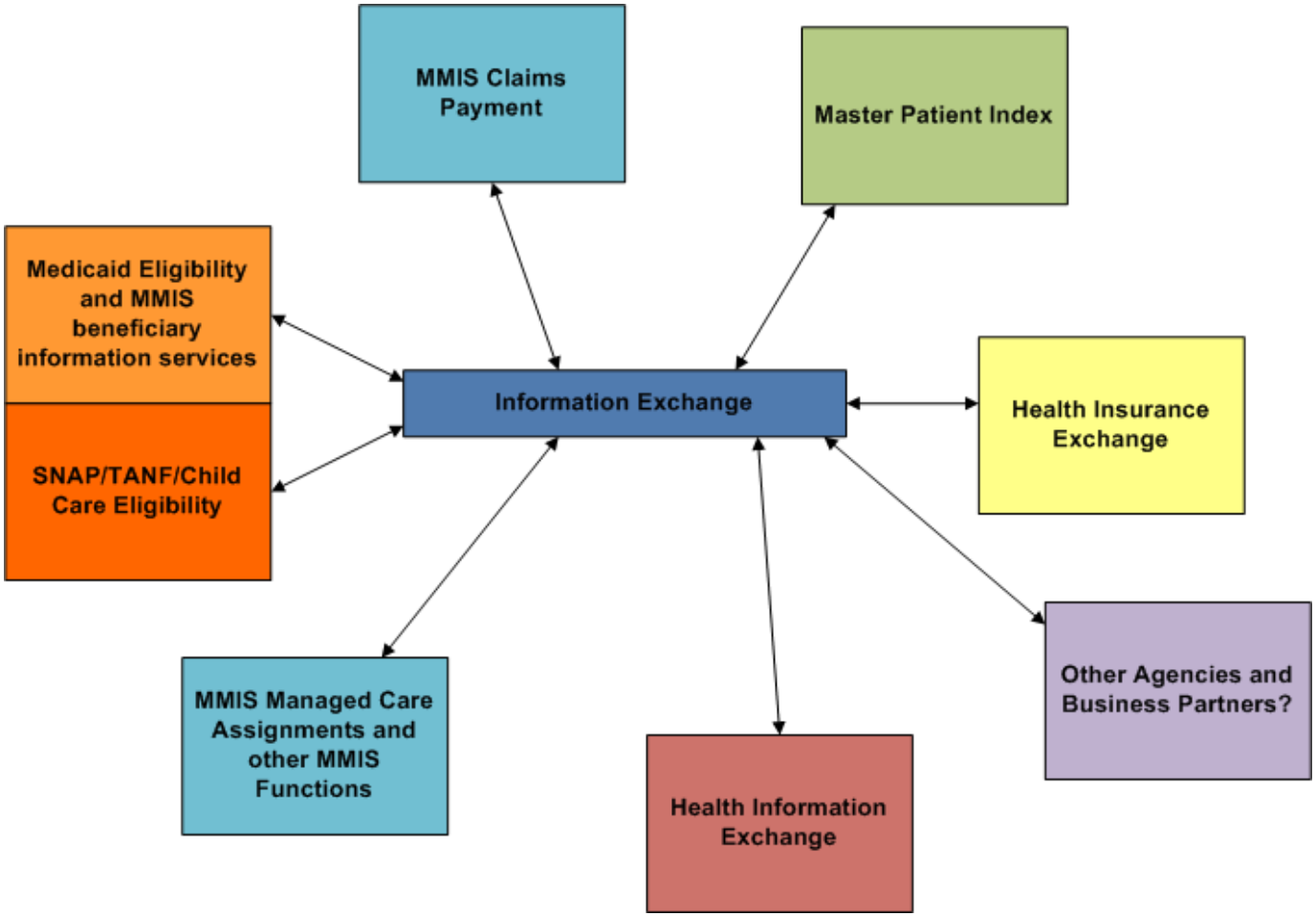
Future Possibilities



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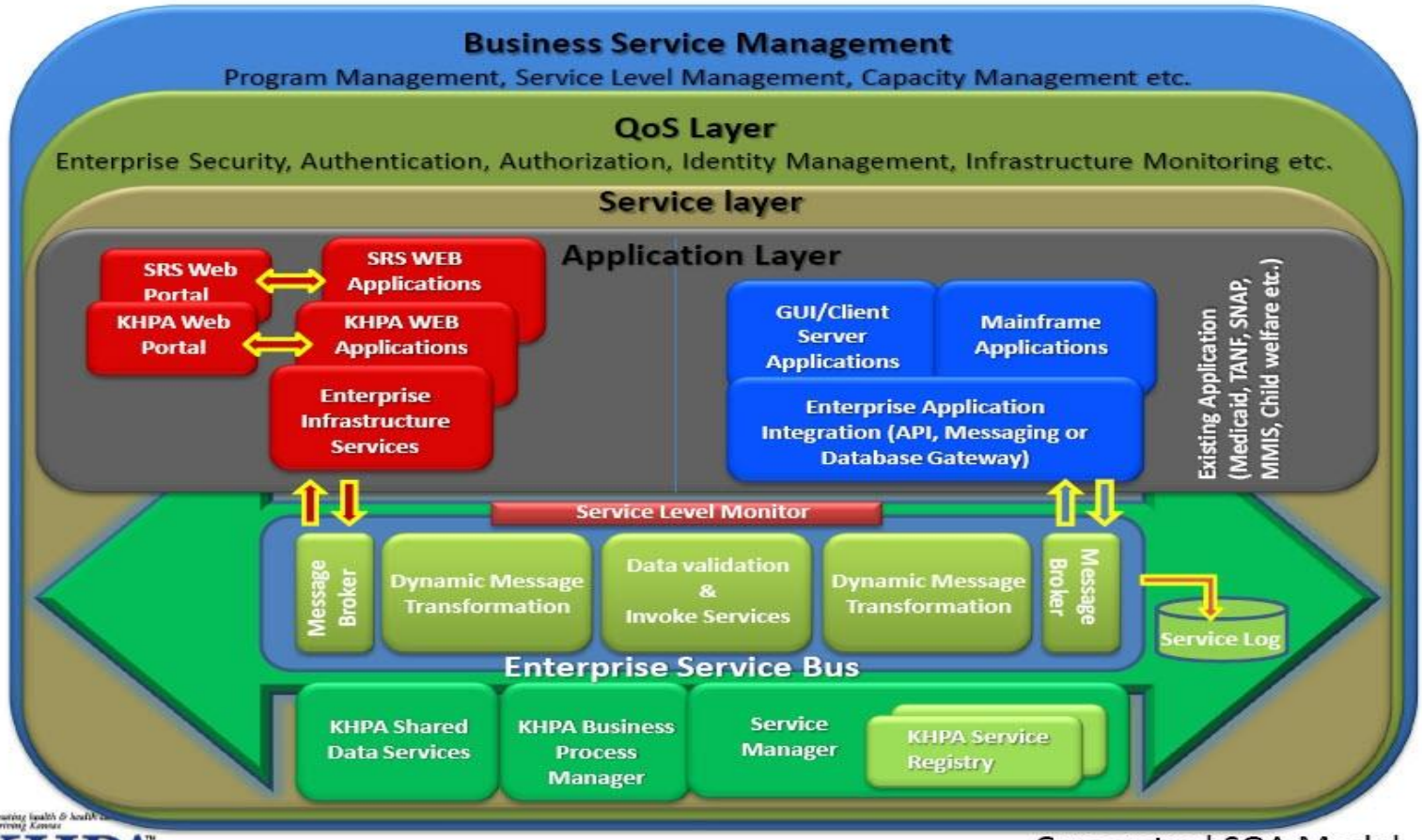
Conceptual Architecture



Conceptual SOA Model

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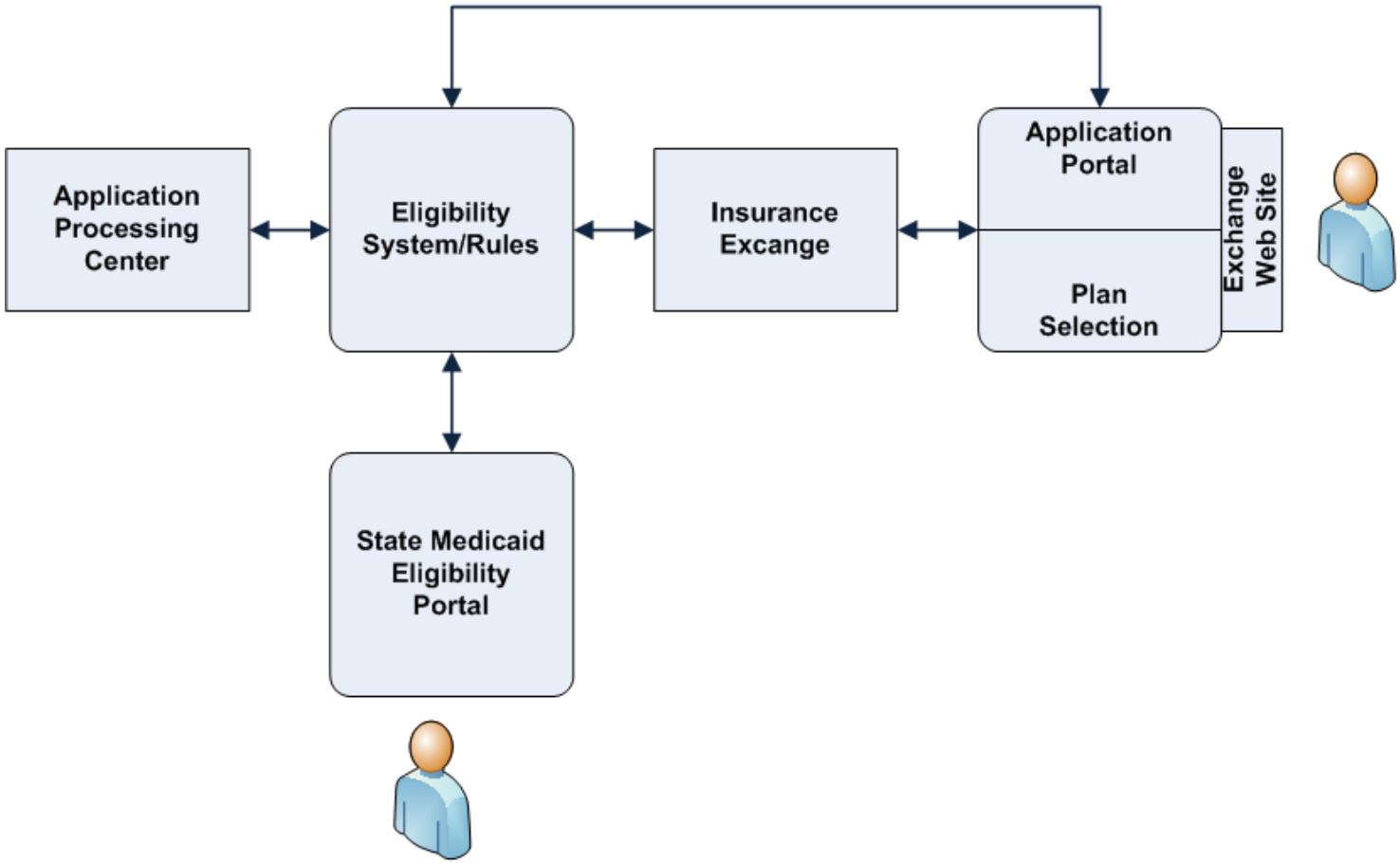
Integrating Medical Eligibility



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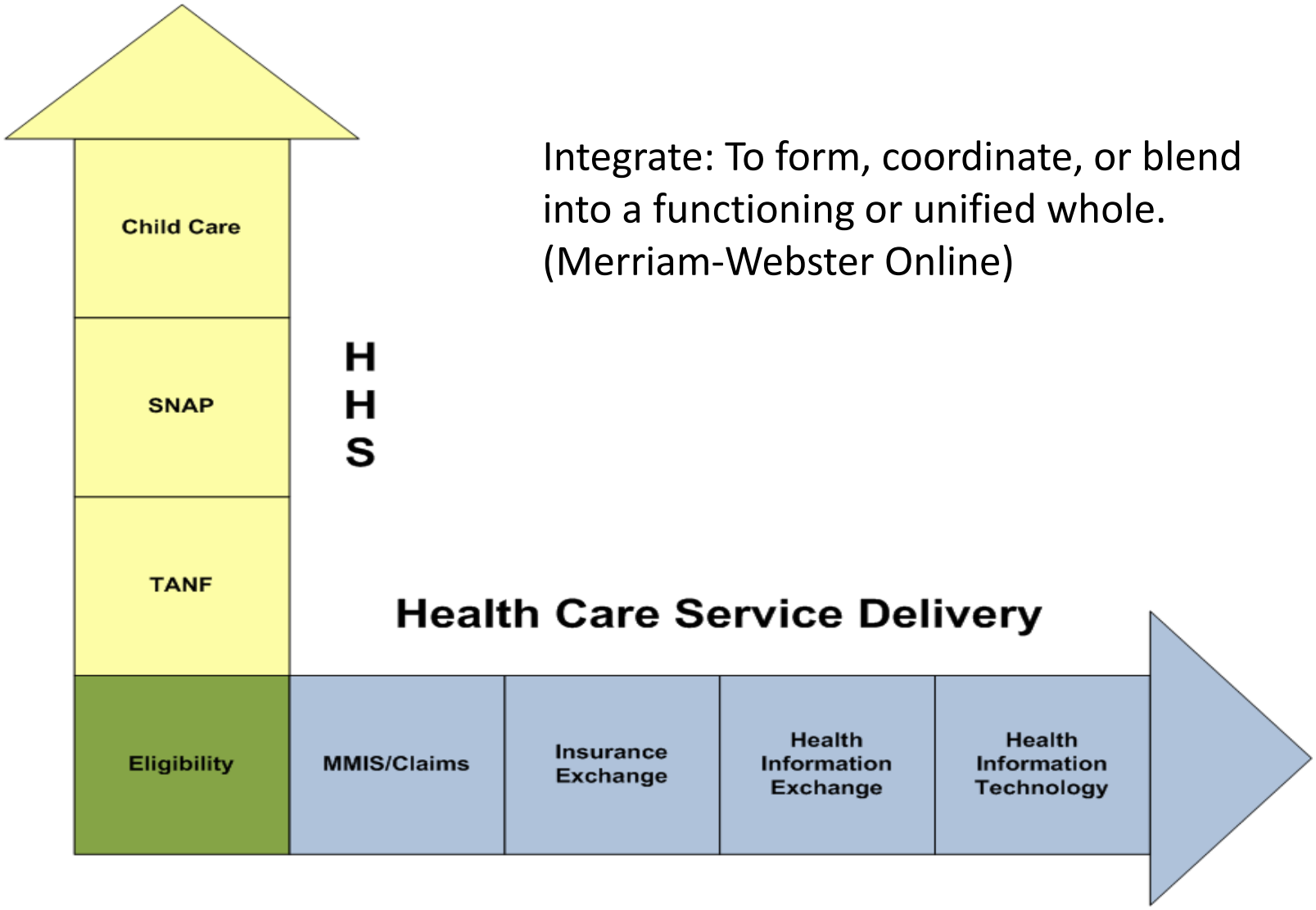
Horizontal and Vertical Integration

Integrate: To form, coordinate, or blend into a functioning or unified whole. (Merriam-Webster Online)